

GILA COUNTY COMMUNITY ACTION PROGRAM

APPOINTMENT CHECKLIST

5515 S. Apache Ave., Ste. 200

Globe, AZ 85501

Phone: (928) 425-7631 Fax: (928) 425-9468

107 W. Frontier St., Ste. C

Payson, AZ 85541

Phone: (928) 474-7192 Fax: (928) 468-8056

PLEASE TEAR OFF AND KEEP THIS PAGE

Additional information may be required in order to receive CAP services. If you do not have required documents, services may be denied.

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1. State Issued Birth Certificate or Passport

This is a **FEDERAL LAW** requirement for applicant only.

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2. Photo ID

For applicant only.

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3. Social Security Card(s)

For **EVERYONE** in the household.

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4. Crisis Letter

Briefly explain your circumstances in writing and how you will be able to meet your future obligations.

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5. Income Verification

ALL household income within the last **30 days**, including the date of application. This includes wages, paycheck stubs, odd jobs, award letters, child support, Unemployment Insurance, SS, SSI, SSD, etc.

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6. SNAP (Food Stamps) Verification

Provide the most recent letter from DES showing the benefit amount. You can go online to <https://myfamilybenefits.azdes.gov> with your case number to create an account and print out your benefits.

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7. Most Recent Bills

For electric and gas or propane. For propane, we will need a quote from the propane company. For deposit assistance, provide a document from the utility company that gives your account number and the amount of the deposit.

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8. Rental Agreement

Required for rental assistance only. Must provide proof of monthly amount due. The amount due must list base rent and each charge (i.e. water) separately.

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9. Eviction Notice

Required for rental assistance only. Must provide documentation of landlord's intent to evict, reason of eviction, amount due and number of months owed. The amount due must list each charge separately.

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10. Verification of Loss of Income or Unexpected Expenses

Last day worked and income verification for any pay received within the last 30 days, documentation for car repairs, etc.

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11. Verification of How Household Has Been Existing With No Income

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12. Statement from New Employer

Verification of first day of employment, pay rate, number hours expected to work per week, first pay date and pay schedule, with employer's contact information.

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13. Other: _____